



444 S. San Vicente Blvd. Suite 603  
Los Angeles, CA 90048  
(310) 423-4566

Dear Dr.\*\*\*

<b>Patient Name:</b> ***	<b>DOB:</b> ***
<b>Diagnosis:</b> ***	<b>MR#:</b> ***
<b>Procedure:</b> ***	<b>Date of Surgery:</b> ***
<b>Encounter Provider:</b> Joung Heon "Richard" Kim, MD	<b>Phone:</b> (310) 423-4566 <b>Fax:</b> (310) 248-8713

The above mentioned patient has been scheduled for surgery as described and was advised to go to your office for pre-operative clearance. To complete the preoperative physical, we are requesting that the following tests be completed with the results faxed to our office at Cedars-Sinai Medical Center at **(310) 248-8713** no later than **48 hours prior to the date of surgery.**

- H&P: Must be performed within 30 calendar days before surgery date. Handwritten H&P is not accepted. The H&P can be dictated directly to Cedars-Sinai Medical center's Transcription Department or faxed**

- H&P (with no Pre-op test)
- H&P (with Pre-op test such as Labs-chest x-ray and EKG)  
If on Anticoagulant - Hold/Resume Recommendations for Pre/Post-Surgery
- Cardiac clearance (if abnormal EKG, Cardiac issues, or followed by a cardiologist)

- EKG: (CPT 93000)**

- Age < 50 if known cardiac or pulmonary disease
- Age > 50 & no known cardiac disease (EKG within 6 months of surgery if known cardiac disease - EKG within 30 days of surgery)

- CXR: (CPT 71045)**

- CXR < 50 only if known pulmonary disease
- CXR > 50 within 6 months of surgery

#### **4. Tests Completed within 2 weeks of surgery (*Checked if Applicable*)**

- CBC (*CPT 85025*)
- BMP (Basic Metabolic Panel) (*CPT 85025*)
- CMP (Comprehensive Metabolic Panel) (*CPT 85053*)
- PT & PTT (*CPT 85610, 85730*)
- Urinalysis (*CPT 81001*)  
    Reflex Urine Culture/Sensitivity if abnormal (*CPT 87088*)
- ESR (*CPT 85652*) [*within past 3 months*]
- CRP (non-cardiac) (*CPT 86140*) [*within past 3 months*]
- HbA1C (*CPT 83036*) [*within past 3 months*]

#### **5. Additional Tests / Specialist Clearances:**

- Pain Management/Recommendation (Current Dosage, Post-op Regimen)
- Rheumatology Clearance (Immunologics/Medications Recommendations)
- Neurology Clearance
- Others: \*\*\*

In doing the preoperative clearance, it is requested that you follow the patient medically while hospitalized including visit the patient in the evening of surgery (if applicable) and every day until discharge. If you are unable to do so, please notify our office prior to the preoperative clearance consultation. This will allow us to delegate an internist who will monitor this patient throughout the preoperative, intra-operative, and post-operative period.

If you have any questions regarding this patient, please do not hesitate to contact the office at (310) 423-4566. Thank You.